

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Waukesha

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Waukesha County.

The report includes only facilities located within the City of Waukesha. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 56.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ASPEN CENTER (0018227)

Address: 2000 WEST BLUEMOUND ROAD, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 9/1/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137301 **End Date:** 9/9/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136985 **End Date:** 7/1/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5D9012 Served 8/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/9/21	Yes

Survey ID: 0136174 **End Date:** 4/13/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5D9011 Served 5/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/1/21	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/1/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0134854 End Date: 9/10/2020 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (ASPEN CENTER--0018227)

Date: 8/13/2021 SOD #5D9012 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a-d)

Date: 5/6/2021 SOD #5D9011 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a-d)

FORFEITURE---83.22(1-4)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AVALON SQUARE INC (0009325)

Address: 222 PARK PLACE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 7/1/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140616 **End Date:** 8/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CCLS OAKDALE DRIVE (310328)

Address: 1606 OAKDALE DR, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 6/28/1991 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139430 **End Date:** 2/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X3ND11 Served 5/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	9/15/22	Withdrawn
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

Survey ID: 0137000 **End Date:** 8/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (CCLS OAKDALE DRIVE--310328)

Date: 5/2/2022 **SOD #**X3ND11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.31(4)(a)

Complaint History (CCLS OAKDALE DRIVE--310328)

Date Complaint Received: 1/5/2022 **Date Investigation Completed:** 2/3/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

X3ND11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CCLS VICTORIA DRIVE (0009420)

Address: 1425 VICTORIA DR, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 4/1/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0135901 **End Date:** 3/18/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CCLS WELSH COURT (310329)

Address: 2704 2706 WELSH CT, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 12/1/1984 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138719 **End Date:** 2/4/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CEPHAS HALFWAY HOUSE (0013468)

Address: 325 SENTINEL DRIVE, WAUKESHA, WI 53189

License Status: REGULAR

Licensed/Certified/Registered 2/1/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141961 **End Date:** 1/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SYWV11 Served 1/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/16/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/16/23	Yes

Enforcement History (CEPHAS HALFWAY HOUSE--0013468)

Date: 1/30/2023

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS CLARION MANOR (0012503)

Address: 21325 CLARION LN, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 10/1/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142983 **End Date:** 2/28/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFM917 Served 5/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(2)	STORAGE AREAS		
83.45(3)	TOXIC SUBSTANCES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0141443 **End Date:** 8/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFM916 Served 11/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/28/23	No

Survey ID: 0139725 **End Date:** 3/2/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFM915 Served 6/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/30/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	8/30/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/30/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0137726 End Date: 7/27/2021 Type: STANDARD Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFM914 Served 11/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/2/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/2/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/2/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/2/22	No
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	3/2/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/2/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	3/2/22	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/2/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0136021 End Date: 3/4/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CFM913 Served 4/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/13/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/13/21	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	7/13/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/13/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/13/22	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	7/13/21	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	7/13/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/13/22	No
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	7/13/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/13/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/13/21	No
83.42(3)	ACCESS TO RESIDENT RECORDS	7/13/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/13/22	Yes
83.47(2)(b)	EXIT DIAGRAM	7/13/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/13/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Enforcement History (CREATIVE LIVING ENVIRONMENTS CLARION MANOR--0012503)

Date: 5/8/2023 **SOD #CFM917** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.43(1)
FORFEITURE---83.55(6)(b)

Date: 11/29/2022 **SOD #CFM916** **Appealed:** **Decision: PENDING**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.43(1)

Date: 6/2/2022 **SOD #CFM915** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(1)(g)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.43(1)

Date: 11/18/2021 **SOD #CFM914** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.43(1)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Date: 4/19/2021

SOD #CFM913

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.22(1-4)
FORFEITURE---83.35(3)(b)
FORFEITURE---83.35(3)(h)
FORFEITURE---83.37(1)(k)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.42(3)
FORFEITURE---83.43(1)
FORFEITURE---83.55(6)(b)

Complaint History (CREATIVE LIVING ENVIRONMENTS CLARION MANOR--0012503)

Date Complaint Received: 1/4/2022

Date Investigation Completed: 3/2/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
CFM915

Date Complaint Received: 2/16/2021

Date Investigation Completed: 3/4/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: DILANA HOUSE (0012234)

Address: W274 S4025 TIMBER TRL, WAUKESHA, WI 53189

License Status: REGULAR

Licensed/Certified/Registered 2/1/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139121 **End Date:** 3/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138649 **End Date:** 2/9/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138598 **End Date:** 10/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQHL11 Served 2/3/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
2/9/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0138244 End Date: 9/16/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7U515 Served 1/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/21/22	Yes

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For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0136803 End Date: 5/26/2021 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7U514 Served 7/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/16/21	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/16/21	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	9/16/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/16/21	No
83.28(1)	CBRF ASSESS EACH RESIDENT BEFORE ADMISSION	9/16/21	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	9/16/21	Yes
83.28(5)	TEMPORARY SERVICE PLAN	9/16/21	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	9/16/21	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/16/21	Yes
83.41(3)(b)	FOOD SAFETY	9/16/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	9/19/21	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	9/16/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/16/21	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	9/16/21	Yes
83.45(3)	TOXIC SUBSTANCES	9/19/21	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	9/16/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (DILANA HOUSE--0012234)

Date: 2/3/2022 **SOD #**FQHL11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 1/11/2022 **SOD #**N7U515 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 7/21/2021 **SOD #**N7U514 **Appealed:**

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(5)(a)
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.28(1)
FORFEITURE---83.28(5)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.42(1)
FORFEITURE---83.43(1)
FORFEITURE---83.45(1)(f)
FORFEITURE---83.45(3)
FORFEITURE---83.59(1)(g)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: DOWNING HOME (0016355)

Address: 610 DOWNING DR, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 12/28/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140201 **End Date:** 6/7/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DUTI11 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/25/22	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	7/25/22	Yes

Enforcement History (DOWNING HOME--0016355)

Date: 7/25/2022 **SOD #**DUTI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HIL FLEETFOOT (0013201)

Address: 1316/1318 FLEETFOOT DR, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 5/12/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: Iberias House of Hope LLC (0019048)

Address: 1920 Madera St, Waukesha, WI 53189

License Status: PROBATIONARY

Licensed/Certified/Registered 6/2/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LINDENCOURT WAUKESHA (0010827)

Address: 2330 W MICHIGAN AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 10/1/2005 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143181 **End Date:** 5/4/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3EL212 Served 5/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.27(2)(e)	ADMISSION LIMITATION: 24-HOUR SUPERVISION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.39(1)	INFECTION CONTROL PROGRAM		
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(b)	EXIT DIAGRAM		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142272 **End Date:** 11/23/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3EL211 Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(j)	INFORMATION AND REFERRAL		
83.39(1)	INFECTION CONTROL PROGRAM		
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(b)	EXIT DIAGRAM		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0141436 **End Date:** 8/30/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JCHE11 Served 11/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0137108 **End Date:** 8/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136113 **End Date:** 4/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135969 **End Date:** 3/31/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LINDENCOURT WAUKESHA--0010827)

Date: 2/23/2023 **SOD #**3EL211 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.38(1)(j)
FORFEITURE---83.47(2)(e)

Date: 11/28/2022 **SOD #**JCHE11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LINDENCOURT WAUKESHA--0010827)

Date Complaint Received: 3/23/2023

Date Investigation Completed: 5/3/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

3EL212

Date Complaint Received: 10/19/2022

Date Investigation Completed: 11/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

3EL211

Date Complaint Received: 7/11/2022

Date Investigation Completed: 8/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

JCHE11

Date Complaint Received: 6/28/2021

Date Investigation Completed: 8/12/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/19/2021

Date Investigation Completed: 4/28/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/28/2020

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LODGES AT LINDENGROVE (THE) (0017083)
Address: 425 N UNIVERSITY DR, WAUKESHA, WI 53188
License Status: REGULAR
Licensed/Certified/Registered 5/9/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0135917 **End Date:** 2/12/2021 **Type:** STANDARD **Purpose:** SURVEY/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MARION HOUSE (310472)

Address: 401 SOUTH PRAIRIE AVE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 5/1/1994 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141764 **End Date:** 12/9/2022 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DXJD12 Served 1/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140877 **End Date:** 9/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DXJD11 Served 9/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/9/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/9/22	No
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	12/9/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	12/9/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/9/22	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/9/22	Yes
83.38(1)(g)	HEALTH MONITORING	12/9/22	No
83.42(1)	RESIDENT RECORD MAINTAINED	12/9/23	Yes

Survey ID: 0140054 **End Date:** 6/22/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140395 **End Date:** 4/6/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6CHN18 Served 8/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.38(1)(g)	HEALTH MONITORING		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

Survey ID: 0139343 **End Date:** 1/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NL4B11 Served 4/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	6/22/22	Yes

Survey ID: 0137913 **End Date:** 12/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137764 **End Date:** 10/7/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S3MW11 Served 11/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/6/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	4/6/22	Yes

Survey ID: 0136677 **End Date:** 6/2/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6CHN16 Served 7/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	10/5/21	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	10/5/21	Yes
83.41(3)(b)	FOOD SAFETY	10/5/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/5/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MARION HOUSE--310472)

Date: 1/9/2023 **SOD #**DXJD12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.42(1)

Date: 9/29/2022 **SOD #**DXJD11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(1)(g)

Date: 8/9/2022 **SOD #**6CHN18 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(3)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.43(1)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 4/25/2022 **SOD #**NL4B11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)

Date: 2/2/2022 **SOD #**6CHN17 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.43(1)

Date: 11/15/2021 **SOD #**S3MW11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 7/2/2021 **SOD #**6CHN16 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.41(1)
FORFEITURE---83.41(3)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MARION HOUSE--310472)

Date Complaint Received: 8/23/2022

Date Investigation Completed: 9/8/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

DXJD11
DXJD11

Date Complaint Received: 7/28/2021

Date Investigation Completed: 9/21/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

6CHN17

Date Complaint Received: 7/7/2021

Date Investigation Completed: 9/21/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

6CHN17

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MISSION CREEK (0018673)

Address: 3217 FIDDLERS CREEK DRIVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 8/2/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142176 **End Date:** 2/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141930 **End Date:** 1/9/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142267 **End Date:** 11/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #45ON14 Served 2/23/2023

Deficiencies Cited

83.41(1)(a)

83.44(2)(a)

83.45(3)

Subject Area

FOOD SUPPLY

ROOMS CLEAN AND FREE FROM ODORS

TOXIC SUBSTANCES

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140680 End Date: 8/3/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #45ON13 Served 9/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/2/22	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	11/2/22	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	11/2/22	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	11/2/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/2/22	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	11/2/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/2/22	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/2/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/2/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/2/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/2/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	11/2/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/2/22	Yes
83.41(3)(b)	FOOD SAFETY	11/2/22	No
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/2/22	No
83.46(1)(f)	COMBUSTIBLES	11/2/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140416 **End Date:** 5/18/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5XJJ12 Served 8/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.39(1)	INFECTION CONTROL PROGRAM		
83.41(3)(b)	FOOD SAFETY		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0139651 **End Date:** 2/16/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #45ON12 Served 5/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/28/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/28/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138939 **End Date:** 11/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5XJJ11 Served 3/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/10/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/10/22	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/10/22	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/10/22	No
83.39(1)	INFECTION CONTROL PROGRAM	5/10/22	No
83.42(1)	RESIDENT RECORD MAINTAINED	5/10/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/10/22	No
83.45(1)(d)	HAZARDS	5/10/22	Yes
83.45(3)	TOXIC SUBSTANCES	5/10/22	No

Survey ID: 0137272 **End Date:** 8/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #45ON11 Served 9/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/16/22	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/16/22	Yes

Survey ID: 0136919 **End Date:** 8/2/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MISSION CREEK--0018673)

Date: 9/7/2022

SOD #45ON13

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.45(3)

Date: 8/11/2022

SOD #5XJJ12

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.39(1)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.45(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 5/25/2022

SOD #45ON12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.36(1)(a)

Date: 3/11/2022

SOD #5XJJ11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.12(5)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.36(1)(a)

Date: 9/22/2021

SOD #45ON11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MISSION CREEK--0018673)

Date Complaint Received: 1/19/2023

Date Investigation Completed: 2/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/29/2022

Date Investigation Completed: 1/9/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 7/25/2022

Date Investigation Completed: 8/3/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

45ON13

Date Complaint Received: 7/19/2022

Date Investigation Completed: 8/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/6/2022

Date Investigation Completed: 8/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

45ON13

Date Complaint Received: 4/14/2022

Date Investigation Completed: 5/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5XJJ12

Date Complaint Received: 1/26/2022

Date Investigation Completed: 2/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/8/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 11/10/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	5XJJ11
SUBSTANTIATED	5XJJ11

Date Complaint Received: 9/9/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/10/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	5XJJ11
SUBSTANTIATED	5XJJ11

Date Complaint Received: 8/9/2021

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 8/16/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	45ON11
NOT SUBSTANTIATED	
SUBSTANTIATED	45ON11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVE WAUKESHA (0018236)

Address: 1701 EAST BROADWAY, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 9/15/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143189 **End Date:** 5/4/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140762 **End Date:** 9/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139913 **End Date:** 5/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136043 **End Date:** 4/16/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134856 **End Date:** 9/11/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE WAUKESHA--0018236)

Date Complaint Received: 4/28/2023

Date Investigation Completed: 5/3/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 8/22/2022

Date Investigation Completed: 9/15/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/28/2022

Date Investigation Completed: 5/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK HILL TERRACE (0018806)

Address: 1805 KENSINGTON DRIVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 6/1/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142558 **End Date:** 3/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141919 **End Date:** 1/17/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7L1M11 Served 1/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	3/23/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/23/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	3/23/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/23/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/23/23	Yes
83.39(3)	HAND WASHING	3/23/23	Yes

Survey ID: 0140937 **End Date:** 9/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAK HILL TERRACE--0018806)

Date: 1/20/2023

SOD #7L1M11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK HILL TERRACE--0018806)

Date Complaint Received: 3/10/2023

Date Investigation Completed: 3/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/5/2023

Date Investigation Completed: 1/5/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

7L1M11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

7L1M11

Date Complaint Received: 9/26/2022

Date Investigation Completed: 9/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/16/2022

Date Investigation Completed: 9/30/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 7/27/2022

Date Investigation Completed: 9/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/11/2022

Date Investigation Completed: 9/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/30/2022

Date Investigation Completed: 9/30/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SAMSON HOUSE (0013581)

Address: 611 N GRAND AVE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 2/1/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142585 **End Date:** 3/16/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5LEG11 Served 3/28/2023

Deficiencies Cited
83.43(1)

Subject Area
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
5/12/23

Corrected
Yes

Survey ID: 0138544 **End Date:** 1/25/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138346 **End Date:** 10/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ER5T11 Served 1/18/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
1/25/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0135804 **End Date:** 3/4/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135247 **End Date:** 11/6/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHZT11 Served 12/4/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/4/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/4/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/4/21	Yes

Enforcement History (SAMSON HOUSE--0013581)

Date: 3/28/2023 **SOD #**5LEG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/18/2022 **SOD #**ER5T11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 12/4/2020 **SOD #**LHZT11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (SAMSON HOUSE--0013581)

Date Complaint Received: 9/24/2020

Date Investigation Completed: 11/6/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI HYDRITE (0013998)

Address: 2309 RUSTIC WOODS CT, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 2/24/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138186 **End Date:** 12/23/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI NORRIS (0013999)

Address: 405 PRAIRIE SONG DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 2/20/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141748 **End Date:** 12/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135918 **End Date:** 3/22/2021 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135385 **End Date:** 12/7/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EL6D11 Served 1/6/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	3/22/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/22/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ST COLETTA OF WI NORRIS--0013999)

Date: 1/6/2021

SOD #EL6D11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

Complaint History (ST COLETTA OF WI NORRIS--0013999)

Date Complaint Received: 10/21/2020

Date Investigation Completed: 12/7/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

EL6D11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Summit House (0019207)

Address: 910 Summit Drive, Waukesha, WI 531862315

License Status: PROBATIONARY

Licensed/Certified/Registered 12/15/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141615 **End Date:** 12/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 55 of 56 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Waters of Pewaukee (The) (0019527)

Address: W239N2540 Dahlia Blvd, Waukesha, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 6/5/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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